PEI PROJECT SUMMARY

PEI Project Name: School-Based Program

County: San Diego

Date: 11/19/08

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	☒	☐	☐	☐
2. Psycho-Social Impact of Trauma	☐	☐	☐	☐
3. At-Risk Children, Youth and Young Adult Populations	☒	☐		
4. Stigma and Discrimination	☒	☐	☐	☐
5. Suicide Risk	☐	☐	☐	☐

2. PEI Priority Population(s) **Note: All PEI projects must address underserved racial/ethnic and cultural populations.**	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
A. Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	☐	☐	☐	☐
2. Individuals Experiencing Onset of Serious Psychiatric Illness	☐	☐	☐	☐
3. Children and Youth in Stressed Families	☒	☐		
4. Children and Youth at Risk for School Failure	☒	☐		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	☒	☐		
6. Underserved Cultural Populations	☒			

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B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

Consistent with MHSA guidelines, the County of San Diego has conducted an inclusive community planning process in selecting MHSA PEI School Aged Kids and Youth as one of our 10 priority focus areas. Below is a summary of our planning process.

A PEI workgroup was formed with members from San Diego County Children's Mental Health Administration, Therapeutic Behavioral Services, Special Education Services, Forensics, San Diego County's First Five Commission, Juvenile Probation, and Child and Adolescent Services Research Center (CASRC). All community input informed the workgroup process which met five times for two hours each to develop the work plan.

- San Diego County stakeholders from a broad range of programs have identified the need for K-3 school-age prevention/early intervention programs that combine both a community component and a school-based component.
- This model is consistent with the PEI Community Needs, Priority Populations and principles.

Input From Community Forums:

- Localize services; use existing school organizations to allow parents/families/care givers to identify local issues and to address issues at neighborhood, community and regional levels.
- Integrate and coordinate programs and agencies to better leverage all available resources to meet child and family needs.
- Serve children/adolescents/families in schools, neighborhoods and communities (where they are).
- Provide culturally competent/sensitive services.
- Educate/train key neighborhood and community members.
- Enhance and expand services within existing school and community programs.
- Integrate programs to build community/regional/County networks of services.
- Leverage non-traditional mental health resources.

Input From the Education Sub-Committee of the Children's System of Care Council:

- "A universal intervention at the Kindergarten level aimed at identifying any children showing early signs of social/emotional difficulty." This intervention will provide basic social-emotional skills for young children and their families. Examples are Second Step, Incredible Years, and PATHS.
- "A selected intervention for identified at-risk individuals throughout elementary school who will be tracked and followed." Examples are Second Step, Incredible Years, and PATHS.

- A selected intervention for improving school climate – supporting the emotional needs of students at all grades in the schools. Possible options include Positive Behavioral Interventions and Supports (PBS), Caring School Community or Strengthening Families.
- "The creation of a more seamless system of services in a familiar setting developed through school relationships and extended to community mental health services will contribute to integrating a service system that could be more easily accessed by families. The opportunity to transform school settings to support a broader view of the school as addressing the need of the 'whole' child is created and brings the chance to impact many adults to extend the emotional support system to many children."

Input From the County Office of Education:

- Implement mental health programs for younger students, specifically universal prevention and screening for mental health needs.
- Expand programs for all students that encourage positive behaviors and provide support when there are early signs of mental and behavioral needs.

Input From San Diego Local School Districts:

- Interventions for universal prevention and response to school-wide intervention activities including Second Step.
- Use resources to enhance the skills and knowledge base of school multi-disciplinary teams and school staff to include knowledge of mental health and illness, screening techniques, youth development, risk reduction and resiliency strategies.
- Leverage existing school resources and staff to help create a continuum of services, not silos, for students and families.

Input From Community/Family Liaison:

- Use of the multi-system model; coordinating public schools, children, families and community providers.
- "All programs should be for children AND parents so that they can all come together to prevent family breakdown."
- Youth identified school and teachers/counselors who don't care or understand as a cause for continued stress. We should have services in different areas and engage the people of that area.
- There is apprehension around being labeled at school or in the community, as it may be a cause for isolation and/or stigma.

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San Diego County Multi-system Proposal (Collaborative effort):

- Multi-system approach to prevention and early intervention includes public child-serving systems (CWS, Juvenile Justice and Behavioral Health Services, schools, First Five) and faith-based organizations, providers and the community - blended funding.
- School-based prevention and early intervention services can potentially address every child in the focus population.
- Universal program standards that are evidence based.
- Schools will have the flexibility to develop their programs to meet their needs and sub-contract with Community Based Organizations (CBO's) as needed.

3. PEI Project Description: (attach additional pages, if necessary)

The opportunity to provide prevention services to school age youth through Proposition 63, PEI component, broadens the range of mental health activities offered by the System of Care. Research has shown that youth involved in the juvenile justice system evidenced at-risk behaviors that could be identified by the third grade. Since all children attend school, this setting allows for efficient use of public dollars and provides education and skill development for the adults who are involved with children.

The PEI plan proposes a family-focused approach that engages families in their child's school success and reduces family isolation and the stigma associated with seeking behavioral health services. Schools are more effective and caring places when they are integrated into the community. Equally, families and other community entities can enhance parenting and socialization and strengthen the fabric of family and community life through collaboration with the schools.

The proposed prevention and early intervention plan for school age children and their families is family-focused and shall include four components: 1) Positive Behavioral Support (PBS) implemented through the BEST model or another evidence-based practice that achieves similar outcomes; 2) an evidence-based practice focusing on prevention that primarily targets pre-school through third grade children, but should also include all children in the elementary school; 3) screening and early identification for at-risk children at the elementary schools; and 4) a family component that focuses on resiliency and provides intervention through community outreach specialists. The planned interventions at the school and with the family shall be coordinated and designed to increase resiliency and protective factors for children by improving child/parent social and emotional skills and reducing parental stress. The plan will minimize barriers to learning while supporting children in academic and personal success.

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The school-based universal prevention program will utilize Positive Behavioral Support (PBS), which is listed in the PEI Resource Materials, or another evidence-based practice that includes the elements of the PBS model. The prevention and early intervention program will be chosen by the successful bidder, but must be evidence-based. Examples are: Incredible Years, Second Step, and PATHS, which are all listed in the Resource Materials and were recommended by the Education Sub-Committee of the Children's System of Care Council.

The community-based outreach program is based on a promotora model, which reaches out to underserved populations through parent-peer psycho-educational intervention and support. Research suggests that promotora programs can have a positive effect on communities and on the promotoras themselves. A study conducted by the University of Arizona found that because their outreach focuses on the individual, services are provided in a cost-effective and culturally sensitive manner that eliminates many barriers to services. (The University of Arizona, 1998, *The National Community Health Advisor Study, p. 3*). In this PEI plan, the promotora position will be called a Community Outreach Specialist.

Community Outreach Specialists live in the communities that they serve and their expertise is based in their knowledge of the community. This program was chosen based on the PEI Logic Model, specifically: community input - serving children in communities, training neighborhood and community members, and leveraging non-traditional mental health resources; priority populations - children/youth in stressed families, at risk of school failure and at risk of juvenile justice involvement; short-term outcomes - increase protective factors with children by improving child/parent social and emotional skills and reducing parent stress and reduce isolation of families by increasing child and family connections to school and community.

The combination of a school-based intervention and a community-based component will support parent and family engagement. Focusing on parent education and the home environment, as well as the schools, fosters a holistic approach that is ultimately more effective in achieving outcomes. In addition, community outreach specialists have an opportunity to connect with families outside of the school environment and potentially reach the at-risk children who may not be identified by teachers.

The PEI plan shall have prospective service provider(s) propose and justify the geographical area(s) and schools where services will be implemented. The program(s) shall be located in two or more of the six HHSA regions including, though not limited to, the East urban region. The PEI plan shall target a minimum of five elementary schools that also have existing mental health services on site and a pre-school located on the campus. The target population shall have a high concentration of ethnic minorities including underserved Asian and Pacific Islanders and Latinos of low socio-economic status living in high-risk communities.

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This School Age Youth PEI project shall include, at a minimum, an established or planned collaborative partnership between a school district(s) (and individual schools), community based provider(s) and families. The lead direct service provider(s) in this program could be school district(s) in partnership with community-based provider(s); or community based provider(s) who partner with school districts. The PEI plan may be implemented by one or more lead providers. Services may build on existing school (district) prevention efforts and school and community based provider(s) shall demonstrate ability to provide additional in-kind funding to enhance the program. The service provider(s) shall develop a specific plan to evaluate the PEI Plan components and outcomes required for the plan as approved by the County.

School-Based Universal Component:

One of the most effective, evidence-based models of mental health prevention and early intervention in schools is *Positive Behavioral Supports*. Positive Behavioral Supports (PBS – Hillwalker/Sprague) is a systems-oriented, data driven approach for establishing the social culture and behavioral norms needed for a school to be an effective learning environment for all students.

The goal of PBS is to achieve effective behavior support for all members of the school community to achieve academic success. PBS is a universal implementation that transforms the culture of a school from one that takes a reactive approach to managing problem behavior to one that takes a preventive, positive, and supportive approach that will enhance student learning. While several models of implementation are suggested, one of the most well known and researched models is Building Effective Schools Together (BEST), which is a way to shift the school culture to PBS. This program will be the primary focus for the school-based PEI implementation during the first year.

Successful BEST implementation is a multi-year process of school-wide systems transformation. Program implementation involves a 6-12 member school site team that, at a minimum, consists of an administrative leader, teachers, other school staff, mental health/other service providers, and parents. In the first year of implementation, the team works with a coach trained in the BEST model and the school staff develop an implementation plan that 1) reviews baseline behavioral data and clearly identify behavioral outcomes for the program, 2) analyzes and prioritizes issues to be addressed at the school, 3) defines and teaches behavioral expectations, 4) implements ways of acknowledging positive behavior among students, and 5) ensures on-going use of data collection for informed decision-making and plan modifications. In the second and third years, the team focuses on on-going data and outcome-driven improvements to the program, as well as implementing evidence-based practices to support the students who struggle despite the school climate improvements. Once BEST is fully implemented, the team continues to meet regularly for on-going monitoring of the program.

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While San Diego County recommends the Positive Behavioral Support model, an alternative evidence-based universal practice and subsequent implementation model that targets the school environment would be considered.

Screening and Evidence-Based Practice Implementation

It is anticipated that after the first year of a school-wide implementation of PBS, an evidence based universal intervention will be initiated with at least pre-school through 3rd graders, but could be implemented throughout the elementary school grades. In addition, other selected evidence based interventions shall be utilized throughout all elementary school grades for at-risk children. The service provider shall propose a method of screening or screening tool that would be approved by the County to identify these at-risk children. Early prevention/intervention services shall be implemented to support these students who continue to struggle behaviorally despite school climate improvement.

The population targeted for prevention involves the entire elementary school through PBS with additional emphasis on universal prevention strategies for at least the pre-school through third graders.

Early intervention shall be implemented for 1) children at risk of school failure; 2) children beginning to exhibit behavioral issues; and 3) children whose families are experiencing transitions such as: parents separating or divorcing, parent(s) or siblings who are incarcerated, other loss, parents involved in substance use or in recovery, exposure to community or domestic violence, or those in need of social skill building. At-risk children served shall be identified, tracked and monitored. The provider shall work closely with the school personnel within the structure established at the school to monitor children at risk. Services to families shall be provided on a year-round basis. If the school is not year-round, an explanation of the limits to school based services shall be submitted. Examples of evidence based intervention practices that may be utilized are Second Step, PATHS, Incredible Years and Families and Schools Together (FAST).

Family Outreach Component:

The community-based outreach program for families is based on a promotora model, which reaches out to ethnic minority, underserved populations through parent-peer, psycho-educational intervention and support. Although functioning independently, the outreach program will collaborate and form a partnership with schools. A goal of the outreach is to involve parents in their child's education and reduce isolation by making community connections. This component will improve child and family connections to school and community and increase protective factors for children by improving child/parent social and emotional skills, reducing parent stress and reducing isolation of families. The service provider shall describe how the various components of the PEI Plan will be coordinated and establish effective communication.

Families may be referred by the school, self referred, or may be engaged through the community outreach specialists. The outreach specialists shall work in the community to determine needs and provide a variety of primary prevention and early intervention services that focus on family wellness, strengthening resilience, goal setting and helping parents make

connections with other services and support in the community. The outreach specialists shall be hired from each of the school neighborhoods and reflect the diversity of the targeted families including gender and age diversity. The community outreach program shall utilize a parent screening tool with all families to identify strengths and risk factors for more serious mental health and alcohol and substance use issues. The program shall utilize a tool to gauge improvement with the families such as the Parent Stress Index or other measure(s).

Community outreach specialists shall take a positive approach with families to instill a sense of optimism and hope in overcoming the risk factors and stresses they are experiencing. Possible services may include but not be limited to

- Parent education and training using an evidence-based model such as Incredible Years, Second Step, Strengthening Families, Triple P, and/or FAST;
- Family assessment and linkage to behavioral health and other services that will increase protective factors and resilience of the family;
- Stress management techniques including physical activities;
- Information and education about early signs of child problems and ways to manage them;
- Activities to build resilience and reduce isolation; and
- Flex funds will be available to the program to support families with needs related to mental health wellness.

Frequency and duration of key activities:

- School-wide universal component in elementary schools beginning the first year – Three year implementation
- Targeted prevention with an evidence based universal and/or selected intervention for pre-school through 3rd graders – 2nd year and on-going.
- Identification of targeted at-risk children requiring additional services for pre-school through 6th graders – 2nd year and on-going.
- Family outreach component – begins 1st year and on-going

Key dates and milestones include:

- Receive California DMH approval for Plan – Month 1
- RFP developed, competitive procurement process completed – Month 9
- Contract awarded – Month 10
- Hire staff – Month 10-11
- Staff training and certification (including cultural and linguistic needs of population) begins – Month 10-11
- Begin development of policies and procedures – Month 10

- Draft policies and procedures submitted to County for approval – Month 10
- Develop program materials including materials in multiple languages – Month 10
- Outcome tools identified, surveys created – Month 10
- Delivery of Services – Month 11

4. Programs

Following is a rough estimate of the number of children and families to be served through this PEI Plan. Actual numbers will depend upon the school size, number of children at the school in pre-school through 3rd grade, and an estimated 20% of total school census requiring some sort of early intervention. The 3-tier approach is: 3100 students receive universal prevention (620 students per school x 5 schools, 310 families screened per school); 1550 of those 3100 students receive targeted early intervention activities (310 per school x 5 schools); and 620 of the 1550 students receive additional early intervention programs (124 per school x 5 schools, 124 families per school).

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
School-Age PEI Program	Individuals: 3100 Families: 1550	Individuals: 1550 Families: 620	
TOTAL PEI PROJECT ESTIMATED *UNDUPLICATED* COUNT OF INDIVIDUALS TO BE SERVED:	**Individuals: 3100** **Families: 1550**	**Individuals: 1550** (duplicated) **Families: 620** (duplicated)	

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5. Linkages to County Mental Health and Providers of Other Needed Services

The school-based model includes not only PBS or a similar model that addresses environmental change in the school, but also screening and early intervention for those children who demonstrate higher needs. These children may be referred directly or through a student study team (a group of school staff who regularly interact with the child) to an on-site school based mental health provider or other children's mental health service providers for assessment and treatment. Each school will have a liaison to make referrals, families may self-refer, or the community outreach specialists may refer.

Individuals in need of resources will be referred to the Access and Crisis Line to be linked to County-funded programs and/or services to address their specific needs and issues.

While the County-funded Access and Crisis Line has extensive information regarding substance abuse treatment programs and all County-funded mental health services, individuals will also be referred to 2-1-1 San Diego and the San Diego County Domestic Violence Hotline as appropriate. This will also then provide access to basic needs services, including homeless and shelter programs, as well as assist callers with obtaining linkage to non-traditional mental health related services.

6. Collaboration and System Enhancements

The PEI plan shall be implemented at a minimum of five elementary schools and the provider will be expected to provide the following information:

- **Identification of program partners** – partnerships may include school district(s), community based organizations providing services at the school, family resource centers, existing school intervention programs, mental health providers, special education programs, Evidence Based Practice (EBP) consultants, Alcohol and Drug Services, First Five, Probation and Child Welfare Services and other community services.
- **The Roles of partners/service sites** – the provider would define collaboration and what roles each of the partners would have in the overall PEI plan. Service sites must meet the criteria defined in the program description. A description of how the partnerships will be coordinated will be required.
- **Qualifications and justification of partners –** The potential providers will be asked why they are selecting the partners chosen and what their experience is in the continuum of care for children.
- **Preliminary letters of intent** – from the school(s), district and other partners.
- **Demonstration of blended funding** – this will include match and resource leveraging. Resource leveraging includes how the provider may build on existing prevention efforts within the district(s) and schools.

- **Juvenile probation** – Juvenile probation was represented on the PEI workgroup. They have suggested the possibility of engaging low-end, non-violent status offenders as a way for them to complete their community service part of the program.

Partners involved in the PEI Plan will be required to provide a sustainability plan. The PEI dollars dedicated to this plan will be available on going, as long as outcomes are successfully achieved and funding is available. The PEI Plan will further strengthen the mental health/educational partnership within the County. The program capacity broadens the range of mental health activities offered by the system and the outreach component initiates on-going community engagement and relationships.

7. Intended Outcomes

Client outcomes

- Increase protective factors with children by improving child/parent social and emotional skills and reducing parent stress.
- Improve academic performance.
- Minimize barriers to learning and support students in developing academic and personal success.
- Increase school attendance and decrease office referrals.
- Reduce isolation of families by increasing child and family connections to school and community.

System and program outcomes

- Increase teacher satisfaction.
- Develop positive behavioral supports that are universally implemented in a minimum of three elementary schools.
- Increase school staff understanding of mental health needs.

8. Coordination with Other MHSA Components

Over the past eight years, Children's Mental Health Services (CMHS) has expanded outreach and treatment services to over 300 schools throughout the County. The school-based services target low-income, ethnically diverse schools. The school-based providers offer treatment services to Medi-Cal and unfunded children and each school-based provider also has case management/rehabilitation services. The implementation of school-based services has resulted in an increase in the number of Latino children and families served. Schools identified for the PEI services are recommended to have a

school-based mental health provider on-site. Children identified through the PEI program in need of services beyond primary intervention can be referred for brief treatment to a provider at their school.

- CMHS has a MHSA Full Service Partnership (FSP) program that specializes in providing culturally competent services to Latino and Asian-Pacific Islanders – High-need families could be referred to this partnership.
- Beginning July 1, 2008, the parent outreach specialists may be trained through a new parent-partner training program available through Community Services and Supports (CSS) Workforce Education and Training (WET).

9. Additional Comments (optional)

A unified prevention strategy will be brought into the schools that will increase the number of adults promoting social/ emotional wellness for children and youth. The culture of schools will become more positive and inclusive, which in turn is more conducive to student learning and social/emotional development. The goal of the early interventions is to prevent more serious problems from developing that will impact school success. Through the parent intervention, parents will be better able to support their children and the efforts of the schools. The outreach services will reduce parent isolation and engage them with the school.

As a result of the PEI program, the above outcomes will be achieved including increased protective factors with children, increased academic performance, increased school attendance, decreased office referrals and increased teacher satisfaction.